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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

4847

First Inventor

Steven J. Boege et al.

Title

CAPS FOR SAMPLE WELLS AND MICROCARDS FOR BIOLOGICAL MATERIALS

Express Mail Label No. | **EL 897 623 087 US**

116018 U.S.PTO

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Mail Stop Patent Application
Alexandria, VA 22313-1450

- | |
|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
 <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
 <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 39]
 <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages 3]
 a. <input checked="" type="checkbox"/> Executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
 <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p> |
|---|

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

 - a. Computer Readable Copy (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 C.F.R. §3.73(b) Statement Power of Attorney
(when there is an assignee)

11. English Translation Document *(if applicable)*

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified copy of Priority Document(s) *(if foreign priority is claimed)*

16. Certified Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ filed _____

Prior application information: _____ *Examiner:* _____ *Group Art Unit:* _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

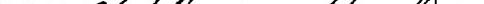
19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

Name	Phil N. Makrogiannis				
Address	Applied Biosystems 850 Lincoln Centre Drive				
	Foster City	State	California	Zip Code	94404
Country	US	Telephone	650-570-6667	Fax	650-638-6677

Name (Print/Type)	Phil N. Makrogiannis	Registration No. (Attorney/Agent)	47,766
Signature		Date	6/23/83

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231
37599 1

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,516.00)

Complete if Known

Application Number	To be assigned
Filing Date	June 23, 2003 (herewith)
First Named Inventor	Steven J. Boege et al
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	4847

ATTORNEY OR AGENT NAME & ADDRESS

Deposit Account Number	01-2213
Deposit Account Name	Applied Biosystems
<input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2. <input type="checkbox"/> Payment Enclosed:
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	\$ 750.00
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 750.00)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
37	-20** = 17	X 18	306.00
Independent Claims	8 -3 ** = 5	X 84	420.00
Multiple Dependent			0

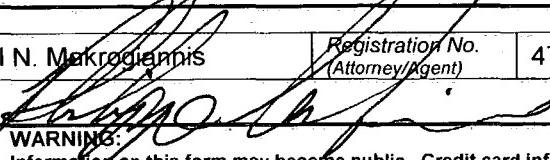
** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 726.00)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge – late filing fee or oath	
1052 50	2052 25	Surcharge – late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2520	1812 2520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1840*	1805 1840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1450	2254 725	Extension for reply within fourth month	
1255 1970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1510	1451 1510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive – unavoidable	
1453 1300	2453 650	Petition to revive – unintentional	
1501 1300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Petitions related to provisional applications	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40.00
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 40.00)	

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Telephone	Date
Phil N. Mekrogiannis		47,766	650-554-2164	6/23/03

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.